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PROVIDER BULLETIN

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THIS ISSUE

Guidelines for Shoulder Surgeries

TO:

Clinics
Freestanding Surgery Centers
Free Standing Emergency Rms
Hospitals
Nurses
Panel Examiners
Physicians
Physician Assistants
Physical Therapists
Occupational Therapists
Self Insurers

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Purpose

The purposes of this Provider Bulletin are:

- 1) To inform providers that a revised edition of the department's Criteria for Shoulder Surgery becomes effective on May 1, 2002.
- 2) To assist the physicians in making the best clinical judgment when considering shoulder surgery as a form of treatment for an injured worker who presents with symptoms resulting from a shoulder condition for which the department has accepted responsibility.
- 3) To provide nurses and physicians with clinical guidelines when recommending authorization or denial as part of the department's utilization review process.

Effective May 1, 2002, the guidelines in this Provider Bulletin supersede those printed in the 1999 issue of Office of the Medical Director Medical Treatment Guidelines. Please replace those guidelines with the revised guidelines provided here.

These guidelines were developed and revised by the Washington State Department of Labor and Industries in collaboration with the Washington State Medical Association's Industrial Insurance and Rehabilitation Committee.

What Has Changed?

- The format has been modified to facilitate review of criteria.
- Diagnostic categories and CPT codes are now included.
- CPT Procedure codes for both open and arthroscopic procedures have been added.
- Recommended conservative care has been further delineated.

What Has Not Changed?

The department's coverage and payment policy for shoulder surgeries remains the same. All requests for inpatient or outpatient shoulder surgeries are subject to utilization review.

Criteria for Shoulder Surgery

A request may be appropriate for ↓	If the patient has ↓	AND the diagnosis is supported by ↓ ↓ ↓			AND this has been done (if recommended) ↓
SURGICAL PROCEDURE	DIAGNOSIS	CLINICAL FINDINGS			CONSERVATIVE CARE
		SUBJECTIVE	OBJECTIVE	IMAGING	
Rotator cuff repair (CPT 23410, 23412, 23420)	Full Thickness Rotator Cuff Tear AND Cervical pathology and frozen shoulder syndrome have been ruled out	Shoulder pain and inability to elevate the arm; Tenderness over the greater tuberosity is common in acute cases.	Patient may have weakness with abduction testing; May also demonstrate atrophy of shoulder musculature; Usually has full passive range of motion.	Conventional x-rays, AP, and true lateral or axillary view AND Gadolinium MRI, Ultrasound, or Arthrogram shows positive evidence of deficit in rotator cuff	Not required
Rotator cuff repair (CPT 23410, 23412, or 23420) OR Anterior acromioplasty¹ (CPT 23130, 23415, 29826)	Partial Thickness Rotator Cuff Repair OR Acromial Impingement Syndrome (80% of these patients will get better without surgery) ¹	Pain with active arc motion 90-130 ° AND Pain at night; Tenderness over the greater tuberosity is common in acute cases.	Weak or absent abduction. May also demonstrate atrophy AND Tenderness over rotator cuff or anterior acromial area AND Positive impingement sign and temporary relief of pain with anesthetic injection (diagnostic injection test)	Conventional x-rays, AP, and true lateral or axillary view AND Gadolinium MRI, Ultrasound, or Arthrogram shows positive evidence of deficit in rotator cuff	Recommend 3-6 months; Three months is adequate if treatment has been continuous; Six months if treatment has been intermittent. Treatment must be directed toward gaining full ROM, which requires both stretching and strengthening to balance the musculature.
Treatment of acromioclavicular dislocation, acute or chronic (CPT 23550)	Shoulder AC Joint Separation	Pain with marked functional difficulty	Marked deformity	Conventional x-rays show Grade III+ separation	Recommend at least 3 months. Most patients with grade III AC dislocations are best treated non-operatively.
Partial claviclectomy (includes Mumford procedure) (CPT 23120, 29824)	Post traumatic Arthritis of AC Joint	Pain at AC joint; aggravation of pain with shoulder motion or carrying weight OR Previous Grade I or II AC separation	Tenderness over the AC joint; Most symptomatic patients with partial AC joint separation have a positive bone scan AND/OR Pain relief obtained with an injection of anesthetic for diagnostic therapeutic trial	Conventional films show either: (a) Post traumatic changes of AC joint, OR (b) Severe DJD of AC joint , OR (c) Complete or incomplete separation of AC joint. AND Bone scan is positive for AC joint separation	At least 6 weeks of care directed toward symptom relief prior to surgery. Surgery is not indicated before 6 weeks.

¹ Neer, C. S. Anterior acromioplasty for the chronic impingement syndrome in the shoulder: a preliminary report. *Journal of Bone & Joint Surgery, American Volume*. 54(1):41-50, 1972 (Jan.)

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Capsulorraphy or Bankart procedure (CPT 23450, 23455, 29806)	Recurrent Glenohumeral Dislocations	History of multiple dislocations that inhibit activities of daily living	At least one of the following: Positive apprehension findings; OR Injury to the humeral head; OR Documented dislocation under anesthesia	Conventional x-rays, AP and true lateral or axillary view	None required
Tenodesis of Long Head of Biceps (CPT 23430) Consideration of tenodesis should include the following: Patient should be a young adult; Not recommended as an independent stand alone procedure There must be evidence of an incomplete tear	<u>Incomplete</u> Tear or Fraying of the Proximal Biceps Tendon The diagnosis of fraying is usually identified at the time of an acromioplasty or rotator cuff repair so may require retrospective review	Complaint of more than "normal" amount of pain that does not resolve with attempt to use arm. Pain and function fails to follow normal course of recovery.	Partial thickness tears do not have the classical appearance of ruptured muscle.	Same as that required to rule out full thickness rotator cuff tear: Conventional x-rays, AP, and true lateral or axillary view AND Gadolinium MRI, Ultrasound, or Arthrogram shows positive evidence of deficit in rotator cuff	None required
Tenodesis of Long Head of Biceps (CPT 23430)	<u>Complete</u> Tear of the Proximal Biceps Tendon	Pain, weakness, and deformity	Classical appearance of ruptured muscle.	Not required	Surgery almost never considered in full thickness ruptures.
Reinsertion of Ruptured Biceps Tendon (CPT 24342)	Distal Rupture of the Biceps Tendon	All should be repaired within 2-3 weeks of injury or diagnosis. A diagnosis is made when the physician cannot palpate the insertion of the tendon at the patient's antecubital fossa. Surgery is not indicated if 3 or more months have elapsed.			
Diagnostic Arthroscopy (CPT 29805)	Shoulder Arthroscopy for Diagnostic Purposes	Most orthopedic surgeons can generally determine the diagnosis through examination and imaging studies alone. Diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. Shoulder arthroscopy should be performed in the outpatient setting. Requests for authorization of this procedure in the inpatient setting will be reviewed by a peer physician. If a rotator cuff tear is shown to be present following a diagnostic arthroscopy, follow the guidelines for either a full or partial thickness rotator cuff tear.			

Additional Information & Resources:

WAC 296-20-02705

What are treatment and diagnostic guidelines and how are they related to medical coverage decisions?

WAC 296-20-024

Utilization Management

Provider Bulletin 00-08

Utilization Review Program

Provider Hotline @ 1-800-848-0811

The hotline staff can assist with:

- Billing questions
- Clarification of Provider Bulletins, fee schedules, department policies, WACs, and RCWs
- Authorizations

Office of the Medical Director Web site: <http://www.lni.wa.gov/omd/>

Information available:

- Diagnosis and treatment guidelines
- Health links
- Department-sponsored medical publications
- Recent medical coverage decisions

For questions about authorizations on a specific claim, contact the State Fund claim manager.

Additional information regarding treatment guidelines, contact the Office of the Medical Director at:

Department of Labor and Industries
Office of the Medical Director
P.O. Box 44321
Olympia, WA 98504-4321

Health Services Analysis Web site: <http://www.lni.wa.gov/hsa/>

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